	ive on 12/08/2004. lated Appropriations Act, 2005 (H.R. 4818).			espond to a collection of information unless it displays a valid OMS control number Complete if Known				
				Application Number		10/587,217 Conf. N		Conf. No.: 6692
FEE IR	AN	SMITTA	L	Filing Date		June 04, 20	07	
For FY 2009				First Named Inventor Paivl MAATTA				
				Examiner Name D. Mo		D. MCNALL	CNALLY	
Applicant claims small	entity sta	tus. See 37 CFR 1.27		Art Unit		1747		
TOTAL AMOUNT OF PAYMENT (\$) 490,00			Attorney Docke	0696-0246F	I-0246PUS1			
METHOD OF PAYMEN	r (check	all that apply)			~~~~			
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Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number 02-2448 Deposit Account Number Depos								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization								nue oreant bard
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING	3 FEES Small Entity	SEAR	CH FEES Small Entity	EXA	MINATION Small E		
Application Type	Fee (\$)		Fee (\$)		Fee	(\$) Fee (Fees Paid (\$)
Utility	330	165	540	270	229	0 110		
Design	220	110	100	50	14	0 70		
Plant	220	110	330	165	17	0 85		***************************************
Reissue	330	165	540	270	650	0 325		***************************************
Provisional	220	110	0	0	(0 0		
m 14)								mall Entity
Fee Description Fee (5) Fe Each claim over 20 (including Reissues) 52								<u>Fee (\$)</u> 26
and the second of the second o								110
Multiple dependent claims 390							195	
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Depe								
20 - 20 or HP =	0	x:	=	3.00		Fe	e (\$)	Fee Paid (\$)
HP = highest number of total		_	r **	29-2-6-2853				
Indep. Claims 1 - 3 or HP =	Extra Cla	ilms Fee (\$)		<u>Paid (\$)</u>).00				
HP = highest number of indep			~~~~~					
3. APPLICATION SIZE	FEE	4.40% 4		/ a at	•			
If the specification and								
listings under 37 CF sheets or fraction th						r small enti	ty) for ea	en additional 50
<u>Total Sheets</u>	Extra Sh	eets Number	of each	additional 50 o (round up to a v	r fracti	on thereof	Fee (\$)	
- 100 = 4. OTHER FEE(S)	0	/ 50 =	0	frommand to s.v	MICHE IN	ansperj X		= 0.00
Non-English Specification, \$130 fee (no small entity discount)								Fees Paid (\$)
Other (e.g., late-filing surcharge): 2 mos. extension of time fee								490.00
SUBMITTED BY								
Signature //	rating shim		F a	Registration No. 2	8977	T	elephone	703-205-8000
Name (Print/Type) Gerald M. Murphy, Jr. / Date								IN - 6 2011
		··•***********************************						See 5. 5. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.